



**STATE OF INDIANA**  
**ADDENDUM 8**

**Request for Service 10-40**

**INDIANA DEPARTMENT OF ADMINISTRATION**

**On Behalf Of**

**INDIANA FAMILY AND SOCIAL SERVICES  
ADMINISTRATION/OFFICE OF MEDICAID POLICY AND  
PLANNING**

**Solicitation For:**

**Risk-Based Managed Care Services to Medicaid  
Beneficiaries (Hoosier Healthwise/HIP)**

**Response Due Date: Thursday, April 1, 2010**

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RFS-10-40  
March 6, 2010

1. A change has been made to Attachment F and is highlighted in red. The change can be found on page 12 of the Attachment.
2. The following attachments have been posted:
  - Capitation Rates for HIP – Remainder of Attachment G
  - Pricing Proposal Template – Attachment K
  - Administrative Bid Amount Calculation Template – Attachment N